S. No. 300
M—10-47
ev. 5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13625

FILED MAY 14 1948

Registration District No. 278 — Primary Registration District No. 3054 — Registrar's No. 59

82 2 1

1. PLACE OF DEATH:

(a) County: Pike

(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike Co. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: one day (Specify whether years, months or days)

In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike 82

(c) City or town: Louisiana (If outside city or town limits, write "RURAL") 2

(d) Street No.: 513 South Third (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: HENRY TAYLOR DEMPSEY

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: Mable Dempsey

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: April (Month) 26 (Day) 1870 (Year)

8. AGE: Years 78 Months 0 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace: Rockport (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation: Laborer

11. Industry or business: Laborer

FATHER
12. Name: Jeremiah Dempsey
13. Birthplace: Rockport (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 0

16. (a) Informant: Mrs. Mable Dempsey 1

(b) Address: Louisiana, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Taylor Cem.

18. (a) Signature of funeral director: Garner & Sterne

(b) Address: Louisiana, Missouri

19. (a) 5/10/48 (Date received by local registrar) (b) Bernice Collier (Registrar's signature) 2 71

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1948 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from March, 1948, to 5-8-48, 19__; that I last saw him alive on 5-8-48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	
Due to: Coronary Thrombosis	2 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)

While at work? (e) Means of injury:

23. Signature: L R Johnson Jr (M. D. or other) MD

Address: Date signed 5-10-48

(Licensed Embalmer's Statement on Reverse Side)

JUN 7 1946

JUN 8 1946

RECEIVED
District Health Officer No. 10
District Number 5-48-822
Date Filed MAY 13 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Virginia M. Sterne, Registered Apprentice No. 491 working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.